

<b>UTILITY PATENT APPLICATION TRANSMITTAL with FEE TRANSMITTAL</b> (Only for new nonprovisional applications under 37CFR 1.53(b))		Attorney Docket No. <b>AMPC 5054</b>	
		First Inventor <b>Daniel F. Lawless</b>	
		Title <b>Dragless Flight Control System for Flying Objects</b>	
		Express Mail Label No.	

  

<b>APPLICATION ELEMENTS</b> See MPEP chapter 600 concerning utility patent application contents.	<b>ADDRESS TO:</b> Mail Stop Patent Application Commissioner for Patents P. O. Box 1450 Alexandria, VA 22313-1450
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1. ☒ Filing Fee included (hereinbelow)  
 (Submit an original and a duplicate for fee processing)

2. ☒ Specification [ Total Pages **12** ]  
 (Preferred arrangement set forth below)

- Descriptive title of the invention
- Cross reference to related applications
- Statement regarding Fed sponsored R&D
- Reference to sequence listing, a table, or a computer program listing appendix
- Background of the Invention
- Brief Summary of the Invention
- BRIEF Description of the Drawings (if filed)
- Detailed Description
- Claims
- Abstract of the Disclosure

3. ☒ Drawing(s) (35 U.S.C. 113) [ Total Sheets **6** ]

4. Oath or Declaration [ Total Pages **1** ]

a. ☒ Newly executed (original or copy)

b. ☐ Copy from a prior application (37 CFR 1.63 (d))  
 (for continuation/divisional with Box 12 completed)

i. ☐ **DELETION OF INVENTOR(S)**  
 Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

5. ☐ Application Data Sheet. See 37CFR 1.76

  

<b>ACCOMPANYING APPLICATION PARTS</b>	
<p>6. <input type="checkbox"/> Assignment Papers (cover sheet &amp; document(s))</p> <p>7. <input type="checkbox"/> 37 CFR 3.73(b) Statement (when there is an assignee)  <input type="checkbox"/> Power of Attorney</p> <p>8. <input checked="" type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations</p> <p>9. <input type="checkbox"/> Preliminary Amendment</p> <p>10. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503)          (Should be specifically itemized)</p> <p>11. <input type="checkbox"/> Other: _____</p>	

  

12. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment, or in an Application Data Sheet under 37CFR 1.76:

☐ Continuation    ☐ Divisional    ☐ Continuation-in-part (CIP)    of prior application No.: \_\_\_\_\_

Prior application information:    Examiner: \_\_\_\_\_    Group Art Unit: \_\_\_\_\_

  

<b>FEE TRANSMITTAL ELEMENTS</b> TOTAL AMOUNT OF PAYMENT <b>\$ 770.00</b> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to: Deposit Account Number <b>19-2201</b> Deposit Account Name <b>Headquarters, U.S. Army Material Command</b> <input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17	<b>LARGE ENTITY FEE CALCULATION</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th></th> <th style="text-align: center;">FEE CODE</th> <th style="text-align: center;">FEE PAID</th> </tr> </thead> <tbody> <tr> <td>1. Basic Filing Fee - (Utility)</td> <td style="text-align: center;">1001</td> <td style="text-align: right;">\$770.00</td> </tr> <tr> <td>2. Independent claims in excess of 3</td> <td style="text-align: center;">1201</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>3. Claims in excess of 20</td> <td style="text-align: center;">1202</td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>4. Additional Fees</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>5. Other Fees (specify) _____</td> <td></td> <td style="text-align: right;">0.00</td> </tr> <tr> <td>Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"</td> <td></td> <td style="text-align: right;">\$770.00</td> </tr> </tbody> </table>		FEE CODE	FEE PAID	1. Basic Filing Fee - (Utility)	1001	\$770.00	2. Independent claims in excess of 3	1201	0.00	3. Claims in excess of 20	1202	0.00	4. Additional Fees		0.00	5. Other Fees (specify) _____		0.00	Enter Total here and in the "TOTAL AMOUNT OF PAYMENT"		\$770.00
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Signature	<i>Hay Kyung Chang</i>	Date	November 18, 2003

This form is based on information taken from USPTO forms PTO-FE/A510, PTO/SB/05 (03-04) and PTO/SB/17 (11-00)

